

# Community Health Planning & Strategies Committee



**Cheri Tomlinson, Vice Chair**

Wednesday, November 10, 2010  
5:00 pm to 6:30 pm  
Public Health  
4041 North Central Avenue, Phoenix  
14<sup>th</sup> Floor, Training Room

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## **Meeting Minutes**

### **In Attendance**

AT	Cheri Tomlinson	AT	Debby Elliott	AT	Don Welsh
AT	Dan Lindell	AT	Carol Williams		

### **Guests**

Keith Thompson	Deanna Feintuch	Rose Conner	Rob Bailey	Ken Leighton-Boster
Mark Kezios	Jared Vega	Erica TeKampe		

**Support Staff:** John Sapero

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### **Welcome, introductions and declarations of any conflicts-of-interest**

Cheri Tomlinson called the meeting to order and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

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### **Determination of Quorum**

Cheri Tomlinson determined that quorum was established with four of five members in attendance at approximately 5:05 pm.

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### **Review of the minutes and action items from prior meetings**

Participants silently reviewed the summary minutes from the September 15, 2010 meeting. No corrections were voiced.

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Funding is provided by the United States Department of Health and Human Services, the Ryan White Treatment Extension Act of 2009 and the Maricopa County Department of Public Health.

All of the documents discussed may be requested from Planning Council Support.

**Chair update**

Cheri Tomlinson thanked the meeting participants for attending the special meeting.

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**Administrative Agent update**

Rose Conner discussed that the Part A office was notified about changes to the AHCCCS copay structure the week before the meeting. Rose related that Part B clients outside of the Part A service area are also affected.

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**Review of Emerging Issue: New AHCCCS Copay Policies**

Cheri Tomlinson provided an overview of the documentation provided by AHCCCS and other sources related to the implementation of pharmaceutical copays for clients meeting certain criteria. AHCCCS had planned to implement the copay structure earlier in the year, but the legality of doing so was questioned and an injunction against implementing the copays was initiated. The injunction was recently lifted.

Discussion points:

- The copay for all antiretrovirals is \$4.00
- Clients are stating they are not aware of the issue when presenting to pick up prescriptions
- Most clients are understanding of the copays
- Typically, clients have between two and ten medications
- Clients said they were notified of the planned change early on, but the injunction took so long to end that clients forgot about it
- If copay assistance was provided, there would be a large amount of time and administrative burden to assist clients
- For clients who may be able to afford the copays, an expectation needs to be set for them to budget to do so. Providing assistance can't be a long term commitment
- Assistance cannot be paid directly to clients. A process to pay pharmacies or providers directly would need to be established. This may limit the pharmacy choices for clients.
- ADAP has received inquiries from clients regarding whether the program will pay copays
- Challenges for Part A to provide assistance: No contracts are in place to enable providers to offer services or bill for services; there is no funding currently allocated to offer assistance; there is no process/policies in place to provide assistance
- Phoenix Shanti is currently assisting some clients with copays
- A challenge to providing assistance is that clients are using multiple pharmacies
- There are clients currently outside the Ryan White care system who may qualify for copay assistance - if these clients move to Ryan White services, it will place an additional strain on the RW continuum of care
- Clients with no income are most affected
- A high number of client s at McDowell Clinic are affected

## **MEETING MINUTES continued**

- 1,700 clients who might need assistance X 4 medications X \$4 each med for copays = \$346,000 yearly, \$81,600 for 3 months, plus 10% admin (although Medicaid might pay the admin fee)
- Clients might deal with the copay issue by not getting medications, or only pay for the least expensive medications. Some medical providers are writing prescriptions such that all of the medications must be picked up together – clients cannot pick and choose
- The state may implement further steps to contain healthcare costs to reduce the budget deficit
- A strong communication plan will need to be part of any assistance program that is developed

The following action items were assigned:

Rose Conner and the Part A Program will contact the Part A HRSA project officer to discuss:

- Can RW pay the copays for AHCCCS meds on ongoing basis for RW clients? If so, would the copays be paid from the Health Insurance Premium/Cost Sharing Assistance or the Local Pharmaceutical Assistance – Part A service categories?
- Would medications need to mirror the current ADAP formulary, or can there be additional meds for issues such as diabetes, etc.?
- Are there limits for assistance that need to be imposed (time constraints, cost caps)?
- Part A will try to gather information regarding what Magellan (an AHCCCS service provider) is doing
- Part A will pull information in CARE Ware related to the number of Part A clients receiving medical care from AHCCCS

Rob Bailey and the Part B Program will research whether ADAP can develop a strategy to provide medications and receive 340B rebates, or utilize existing contracts with pharmacies for service delivery.

Debby Elliott and Erica TeKampe will analyze the administrative workload to coordinate an assistance program.

Cheri Tomlinson noted that if an assistance process were developed, a determination would need to be made regarding whether assistance would be implemented through the end of the current grant year or extended into the following grant year.

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### **Agenda items for the next meeting**

- Begin discussion of potential revisions to the Oral Health Services service model
- Continue discussion of AHCCCS copay policy changes

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### **Current events summaries**

Jared Vega promoted the Learn+Link+Live consumer education event, to be held on January 29, 2011.

Debby Elliott promoted an education event for HIV positive consumers on December 8<sup>th</sup>. Additionally, Debby promoted the Caring Style event, benefitting Care Directions.

**MEETING MINUTES** *continued*

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**Call to the public**

Rob Bailey discussed that ADAP is contacting clients to prepare them to transition them to high risk pool insurance. ADAP is seeking collaboration with Part A and MIHS to assist in transitioning clients. Changes to the fee schedule for the insurance program may mean more people can be transitioned than expected.

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**Adjourn**

The meeting adjourned at approximately 6:30 pm.